

OFFICE OF SURVEILLAN	CE I LLANCE (BTS FORM 1 , "		NF FORM")	
REPORTING SITE NAME:	SITE CONTACT:	DATE OF INCIDENT:		DATE SUBMITTED:
ADDRESS:	CITY:	COUNTY:	ZIP CODE:	PHONE NUMBER:
If you have any questions about this for			mes or variables, p	 please call the Missouri Departmen
Health and Senior Services at (866) 62				
SYNDROMIC CATEGORIES				TOTALS
Influenza-like Illness Malaise, headache, fever, cough	n and sore throat, in the absence	of known cause.		
Hemorrhagic Disease Bleeding from skin or mucus me skin or mucus membrane surface		ourplish spots or disc	olorations on the	
Gastrointestinal Illness Diarrhea, vomiting, abdominal p	ain or cramps, with or without fe	ver.		
Neurologic Illness Headache, sensitivity to light, comuscle twitching, difficulty talking			g eyelid(s),	
Rash Illness Rashes with or without fever (inc	cluding chicken pox, exanthema,	dermatitis, erythema	a).	
Fever Illness Fever of unknown origin (such a	s acute febrile illness, viral synd	rome, sepsis, suspec	ct infection).	
Respiratory Illness (Other the Cough, sore throat, trouble brea Please do not enter influenza-li	thing, pneumonia and other resp		rith or without fever.	
Chemical Exposure Chemical exposure differs from (within 60 minutes, often within	15 minutes or less).	_		
List any chemicals or other agents that Other Information section at the bottom of		e reported exposure/s	s in the	
	NON-SYNDROMIC	DATA		
School/Workplace Absenteeism				
Total ER Visits				
Total Urgent Care/Clinic Visits				
Total Hospital Admissions				
Deaths				
Other Information, Susp	ected Outbreaks, Unu	sual or Nonsp	ecific Cases:	
			Date Received	
				By DHSS

*If there is an emergency public health threat or you suspect a bio-terrorism event, IMMEDIATELY call the Center for Emergency Response Terrorism, at 1-800-392-0272 (24 hour a day / 7 days a week), your Local Public Health Agency and the Missouri Department of Health and Senior Services.